2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 21, 2000 8:00 am
Secretary of State
04-25-2000 90127 031 ****61.25

DOCUMENT # N95000003286

1. Entity Name

SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.

R

Principal Place of Business	Mailing Address
5151 COLLINS AVENUE MIAMI BEACH FL 33140	5151 COLLINS AVENUE MIAMI BEACH FL 33140-2737

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0630810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLASSER, GARY S P.A.
BISCAYNE BLDG., STE. 1400
19 W. FLAGLER STREET
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name: Becker & Poliakoff P.A.
Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Drive
Suite 100
City: Miami FL Zip Code: 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: DAVID H. ROGEL / BECKER + POLIAKOFF DATE: 6/7/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROCKMAN, EUGENE 5151 COLLINS AVENUE MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Roberta Kohn 5151 Collins ave apt. 1218 Miami Beach, FL. 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD AGARCIA, VICTOR 5151 COLLINS AVENUE MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VASD Donald Ryce 5151 Collins ave apt. 1031 Miami Beach, FL. 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, JEFFREY W 5151 COLLINS AVENUE MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Louis Figueras 5151 Collins ave apt. 623 Miami Beach, FL. 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stefano Falbo 5151 Collins ave. apt. 1616 Miami Beach, FL. 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Benjamin Siegel 5151 Collins ave. apt. 1414 Miami Beach, FL. 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael Suarez 5151 Collins ave. apt. 832 Miami Beach, FL. 33140	☐ Change ☒ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #